UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 6-29-0	al/Pat	ent	# <u>101521,</u>	747		
3 Please refund the following fee(s):			4 PAPER 5 NUMBER 5		5 DATE FILED	6 AMOUNT
Filing						\$
Amendment						\$
Extension of Time						\$
Notice of Appeal/Appeal						\$
Petition						\$
Issue						\$
Cert of Correction/Terminal Disc.						\$
Maintenance						\$
Assignment						\$
Other						\$100.00
		7 TOTAL AMOUNT OF REFUND			\$100.00	
			8 TO BE REFUNDED BY:			
10 REASON:			Treasury Check			
Overpayment			Credit Deposit A/C #:			
Duplicate Payment			, [0 5 1 3 2 3			
No Fee Due (Explanation):						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: Barbara A. Campbell TITLE: Paralegal						
SIGNATURE: Repla Pot 10 (1974 / 2005 BCAMPBEL 0012422000 FF: 9204						CAMPBEL 0012422800
OFFICE: PCT/DO/GO						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B